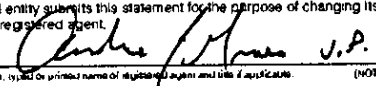
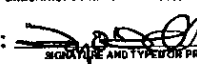


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90147 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

70028364

DOCUMENT # P98000096339			
1. Entry Name SCHNAUZER SPORTS, INC.			
Principal Place of Business 623 EAST ATLANTIC BLVD SUITE 6105 POMPANO BCH, FL 33060 US		Mailing Address 623 EAST ATLANTIC BLVD SUITE 6105 POMPANO BCH, FL 33060 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0884588		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVIER, JOHN D 2200 CORPORATE BLVD. N.W. STE., 401 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name HCRM Corp. Street Address (P.O. Box Number is Not Acceptable) 2200 N.W. Corporate Blvd. Suite 401 City Boca Raton FL Zip Code 33431	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  J.P. DATE 3-6-03 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when submitting)			
FILING WITH FEE IS \$150.00 FEE MAY 11, 2003 FEE WILL BE \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, JAY 600 E BROWARD BLVD., STE 1960 FORT LAUDERDALE, FL 33394 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  3-13-03 (954) 786 3624		Date Daytime Phone #	

CR20034 (10/02)